

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 20

FILED MAR 7 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Lee's Summit

Length of stay in 'lb

60 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

402 South Douglas

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before-

a. STATE Missouri. COUNTY Jackson

admission)

c. CITY

OR
TOWN

Lee's Summit

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

402 South Douglas

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Jennie

Middle

Alma

Last

Sivils

4. DATE

OF
DEATH

Month

Day

Year

March 3, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

May 23, 1875

87

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Valley City, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel Arthur Eby

13b. MOTHER'S MAIDEN NAME

Mary Jane Pearson

14. NAME OF HUSBAND OR WIFE

Robert Lee Sivils

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

Mrs. Larvena Wells, Lee's Summit,

18. CAUSE OF DEATH (Enter only one cause p.

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Uterus with Metastasis

INTERVAL BETWEEN

ONSET AND DEATH

2 7/8

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I. (a)

Arteriosclerosis. Generalized

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-12-1959 to 3-3-63 and last saw her alive on 3-3-63.

Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Cliff R Miller MD

22b. ADDRESS

Lee's Summit Mo

22c. DATE SIGNED

3-4-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Mar. 6, 1963

Lee's Summit Cemetery Lee's Summit, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Langsford Funeral Home

Lee's Summit, Mo.

25. DATE RECD. BY LOCAL REG.

3-5-1963

26. REGISTRAR'S SIGNATURE

N.B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed N. B. Langford

Licensed Embalmer No. 4962

P. O. Address Elizabethtown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.